

Form: Request to pension administrator for retirement records

PREVIEW
RECORDS AUTHORIZATION: RETIREMENT BENEFITS

EMPLOYEE'S NAME: [Petitioner Name]

EMPLOYEE'S SOCIAL SECURITY NUMBER: [Social Security Number]

[Petitioner Name] sends this notice to authorize the Administrator of my company benefit plan release information regarding any retirement or deferred benefit programs to which I am entitled or have the right to participate. The notice includes the Pension Administrator, Trustee, Plan Sponsor, agents, servants or employees of any administrator, whatever title is used within the company of which I am an employee.

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The authorization includes, but is not limited to, all benefits which derive from my employment and which are deferred from the present, and may include plans, funds, programs or any other type of benefit which is within the deferred category.

The authorization is inclusive of plans relating to pensions, profit-sharing arrangements, stock bonuses, stock purchases or deferred compensation in any form.

The information should be sent to:

[Petitioner Attorney]

[Address]

THIS DOCUMENT

SIGNED on [Date].

[Petitioner Name], Employee

State of Texas

County of _____

Subscribed and sworn to before me by _____ on _____.

THANK YOU

Notary Public, State of Texas

Notary's typed or printed name

My commission expires: _____

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PREVIEW [or Notary's Stamp]

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THIS DOCUMENT

THANK YOU

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